



July 21, 2014

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: June 2014 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

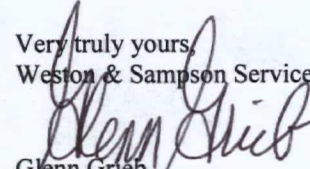
Please find enclosed the June 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.
- Quarterly Bioassay results were >100%.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager  
Enclosure

**Cc:** Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Mark Devine – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294335



<b>Connecticut</b> 273 Dividend Road Rocky Hill, CT 06067	<b>Rhode Island</b> 477B Tiogue Avenue Coventry, RI 02816	<b>New Hampshire</b> 100 International Drive Suite 152 Portsmouth, NH 03801	<b>Maine</b> PO Box 189 York, ME 03909	<b>Vermont</b> 96 South Main Street Suite 2 Waterbury, VT 05676	<b>New York</b> 301 Manchester Road Suite 201A Poughkeepsie, NY 12603	<b>Florida</b> 1990 Main Street Suite 750 Sarasota, FL 34236
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NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  
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\*NJ Permit Equivalent

REPORTING PERIOD  
M o. Y r.      M o. Y r.  

0	6	1	4
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0	6	1	4
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PERMITTEE:      Name:      SCA Services, Inc.  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817

FACILITY:      Name:      Kin-Buc Landfill  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817  
                         Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
\_\_ T-VWX-007 \_\_ T-VWX-008 \_\_ T-VWX-009  
\_\_ EPA Form 3320-1

DYE TESTING      YES NO  
                              \_\_ X

SLUDGE REPORT-INDUSTRIAL  
\_\_ T-VWX-010A \_\_ T-VWX-010B

TEMPORARY BYPASSING      \_\_ X

DISINFECTION INTERRUPTION      \_\_ X

WASTEWATER REPORTS  
\_\_ T-VWX-011 \_\_ T-VWX-012 \_\_ T-VWX-013

MONITORING MALFUNCTIONS      \_\_ X

GROUNDWATER REPORTS  
\_\_ T-VWX-015(A,B) \_\_ T-VWX-016 \_\_ T-VWX-017  
\_\_ ELECTRONIC SUBMISSION

UNITS OF OPERATION      \_\_ X

OTHER      \_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

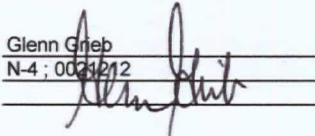
(Detail any "Yes" on reverse side in appropriate space.)

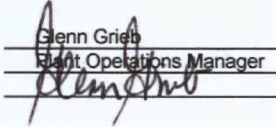
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed)      Glenn Grieb  
Grade & Registry No.      N-4 ; 0034212  
Signature      

Name (Printed)      Glenn Grieb  
Title (Printed)      Plant Operations Manager  
Signature      

Date July 17, 2014

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH 

0	6
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 YEAR 

1	4
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Licensed Operator  
Others

Licensed Operator  
Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2	8	8	6	5	8	0	2	8	8	4	4	6	0	3	8
0	16	16	16	16	16	4	4	16	8	8	2	12	0	0	12
17	18	19	20	21	22	23	24	25	26	27	28	29	30		
8	4	4	5	4	2	8	2	8	8	3	4	4	2		
10	8	16	16.5	4	4	8	8	8	16	11	4	4	8		



PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	06	01	14	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027433	0.034842	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	8.15	*****	8.53	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.16	0.2	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	19.35	20.06	kg/day	*****	173	174	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	2.85	4.0	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.58	0.88	kg/day	*****	4.95	6.80	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	4.99	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 07 17		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

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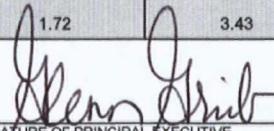
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000090	<0.0000094	kg/day	*****	<0.08	<0.08	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000123	<0.0000129	kg/day	*****	<0.11	<0.11	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000146	<0.0000152	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000112	<0.0000117	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000112	<0.0000117	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000250	0.0000339	kg/day	*****	0.22	0.29	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000146	<0.0000152	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 07 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



PERMITTEE NAME/ADDRESS

NAME  
ADDRESSSCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817FACILITY  
LOCATION  
ATTN:KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark DevineNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	06	01		14	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000101	<0.0000105	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab		
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000162	<0.0000183	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab		
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000029	<0.0000030	kg/day	*****	<0.026	<0.026	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000042	<0.0000044	kg/day	*****	<0.04	<0.04	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000047	<0.0000061	kg/day	*****	<0.042	<0.052	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000036	<0.0000039	kg/day	*****	<0.032	<0.033	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000019	<0.0000020	kg/day	*****	<0.017	<0.017	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE				
Glenn Grieb Project Manager							732 572-4743		14 07 17				
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(REFERENCE ALL ATTACHMENTS HERE)  
<0.00017



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SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000034	<0.0000036	kg/day	*****	<0.030	<0.031	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000674	<0.0001437	kg/day	*****	0.6	1.1	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab	
ALDRIN	SAMPLE MEASUREMENT	<0.0000013	<0.0000014	kg/day	*****	<0.012	<0.012	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab	
4,4-DDT	SAMPLE MEASUREMENT	<0.0000029	<0.0000033	kg/day	*****	<0.025	<0.025	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab	
PCB-1242	SAMPLE MEASUREMENT	<0.0000035	<0.0000039	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
PCB-1248	SAMPLE MEASUREMENT	<0.0000035	<0.0000039	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
PCB-1254	SAMPLE MEASUREMENT	<0.0000043	<0.0000048	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
Glenn Grieb Project Manager								732 572-4743		14 07 17		
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000043	<0.0000048	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0004772	0.0006272	kg/day	*****	4.10	4.80	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.0002546	<0.0002874	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0005207	0.0005880	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0004254	0.0006076	kg/day	*****	3.6	4.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	0.0001620	0.0001829	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0036318	0.0039851	kg/day	*****	31.4	33.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp
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Glenn Grieb Project Manager							732 572-4743		14 07 17		
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DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0021060	0.0023780	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0004629	<0.0005226	kg/day	*****	4.0	4.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0431550	0.0742135	kg/day	*****	364.8	568.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0226783	0.0355388	kg/day	*****	192.3	272.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.125	0.170	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 07 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)



**NJPDES BIOMONITORING REPORT FORM-ACUTE TOXICITY  
EPA METHOD 2007.0**



Permit Number #: Permit Equivalent    DSN: 001  
Facility name:    Kin-Buc Landfill  
Facility address:    383 Meadow Road  
Edison, NJ  
Facility contact person:    Glen Grieb  
Phone number:    732.561.7600  
Acute toxicity laboratory:    QC Laboratories Aquatic Toxicology Division  
1205 Industrial Blvd  
Southampton, PA 18966  
/NELAC certification number:    PA166

**Test Specifications:**

Effluent Type: Final

Test Type: Modified static renewal (24-hour)

**Test Results:**

Test Start: 06/10/14 13:50

Test End: 06/14/14 14:00

Test endpoint: LC50

Highest percent mortality in top test concentration: 0.0%

**REPORT THIS VALUE..... >100%**

95% Confidence Interval: NA

Test organism:    Mysid Shrimp  
common name

Mysidopsis bahia  
scientific name

**Quality Control Summary**

Control Mortality (%): 0.0%

Temperature maintained within 20 +/- 1 °C? Yes

Dissolved Oxygen Levels always greater than 40% saturation? Yes

Two or more concentrations exhibit a trend deviation? No

**Certification:**

Accuracy of report certified by: \_\_\_\_\_

Robert A. Martino  
Laboratory Director

6/26/0007  
Date



## Test Organism Data:

Test organism source: Marisco

## Test Organism Acclimation:

Is the culture water and test dilution water the same, and are the culture water temperature and dilution water temperature identical? No

Mysid, Daphnids and Cladocerans:

Initial number of organisms: 150  
 Test organism age at start of test (days): 4 days  
 Culture water source: 40 Fathoms  
 Culture water salinity: 25 ppt  
 Culture water temperature: 25°C  
 Dilution water source: In-house  
 Dilution water salinity upon collection: NA  
 Dilution water temperature upon collection: NA  
 Number of mortalities: < 5%

## Test Design:

Number of effluent test concentrations: 5  
 Number of replicates/test concentration: 4  
 Number of test organisms/replicate: 5  
 Volume of liquid in test chambers (liters): 0.20  
 Flow-through bioassay exchange rate (cycles/day): NA

## Effluent sampling:

Plant sampling location: Final effluent just before weir.  
 Effluent type: Final.  
 Discharge: Continuous  
 Effluent sample type: 24 hour composite

Effluent Sample Collection				Initial Parameters In Laboratory					Use in Toxicity Tests		Holding Time
Beginning		Ending		temp		d.o	Cond	Chlorine			(first use)
date	time	date	time	° C	pHi / pHs	mg/L	umhos	ppm	date(s)	time(s)	hours
06/08/14	8:00	06/09/14	8:00	5.0	8.37	9.0	10430	< 0.1	06/10/14	13:50	29:50
06/09/14	10:45	06/10/14	10:45	5.0	8.30	10.8	10270	< 0.1	06/11/14	13:40	26:55
06/10/14	10:45	06/11/14	10:45	5.0	8.37	8.6	10350	< 0.1	06/12/14	13:45	27:55
06/11/14	13:10	06/12/14	13:10	5.0	8.39	9.6	10170	<0.1	06/13/14	14:00	24:50

Testing location: QC Laboratories

## Effluent Sample Adjustments

Were any salinity adjustments made? Yes

If yes, specify the source of sea salts, brine or water used: Dry 40 Fathoms (biotechnical grade)

Were any pH adjustments made? No.

## -----pH / Chlorine Adjustment-----

Sample Used	Volume Adjusted	pH prior to Salting	Salinity ppt	pH after Salting	ml's 0.2N HCl Used	pH after Adjustment	TRC sample	Amt. STS added (mgs)	TRC after Addition

Was the effluent sample filtered in any manner? No

If yes, please specify the mesh size:

Were any adjustments to the level of chlorine made? No.

If yes, specify the dechlorination agent used and the amount of reagent used: NA

Specify the chlorine levels prior to and after addition of the reagent: See data above.

Was an additional control included in the test containing the dechlorination agent? Yes, added to Control B.

## Dilution Water:

Effluent receiving water: Raritan River.

Dilution water source: 40 fathoms

If a substitute dilution water was used, had its use been approved by the NJDEP in the acute methodology questionnaire?

Collection location: In-house

Collection date(s): NA

0 hour 24 hour 48 hour 72 hour 96 hour

LC50/EC50 (% effluent) >100% >100% >100% >100% >100%

Calculation method: No measurable acute toxicity.

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes

## Miscellaneous:

Were any exposure chambers aerated during the test? No

If yes, specify concentrations and duration, including the lowest percent saturation reached prior to aeration and at what time:

Were the test organisms observed for appearance and behavior at least daily? Yes



## Physical/Chemical Data

MHFW Dilution Water				100% Effluent			
Sample Sequence	Alkalinity mg/L	Hardness mg/L	Ammonia* ppm	Sample Sequence	Alkalinity mg/L	Hardness mg/L	Ammonia* ppm
D001	135	NA	NA	E001	410	NA	0.79
				E002	410	NA	< 0.1
				E003	424	NA	< 0.1
				E004	414	NA	< 0.1

\*Ammonia analysis performed by QC Laboratories Analytical Laboratory, Certification PA166, by method SM 20th ed. 4500-NH3D

\*\*Please note that the ammonia analysis is performed on composite samples unless otherwise noted.

## Comments

Additional Comments:

**Bioassay Deliverables Check List**

	Yes	No	NA	Reviewer
1.0 Dates of testing match raw data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBE
2.0 Facility Name, NPDES Number, DSN Number Complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.0 Control mortality less than 10% for acutes or less than 20% for chronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.0 Temperature maintained within 1°C for acute and chronic studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.0 Dissolved oxygen levels always greater than 40% saturation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.0 Test design complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.0 Effluent sampling section complete and holding times are less than 36 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.0 Temperature at time of sampling recorded on chain of custody	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.0 Dilution water sampling section complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.0 Chain of custody present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.0 Test results complete and match statistics pages (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.0 For chronics are PMSD values within acceptable ranges for given species*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13.0 Two or more concentrations exhibit a trend deviation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14.0 SRT Data attached and current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.0 Approval for variance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16.0 Lims Number at bottom center of page matches report number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.0 Serial Number correct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.0 Applicable Method Number clearly indicated on front page of report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\* Acceptable PMSD Values**

Test Method	Endpoint	10th PMSD	90th PMSD
Ceriodaphnia dubia	Reproduction	13	47
Fathead Minnow	Growth	12	30
Inland Silverside	Growth	11	28
Mysid Shrimp	Growth	11	37
Sheepshead Minnow	Growth	6	23

QA Review:

*Michelle Jadico*

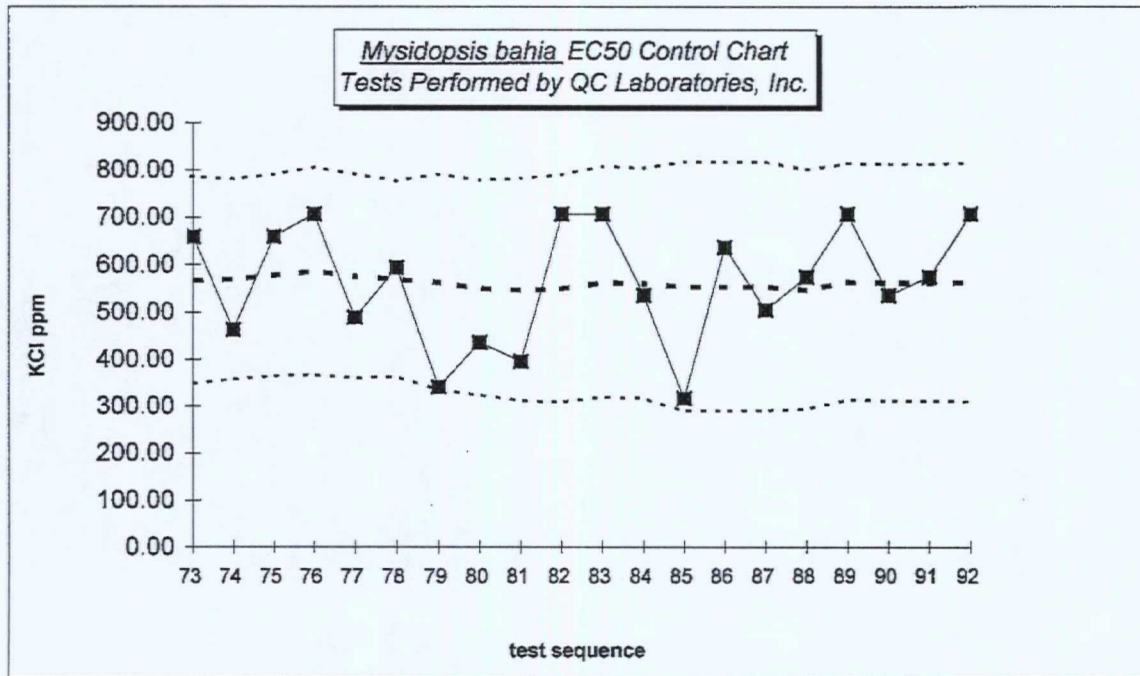
Date:

*06/26/14*

Printed Name:

☒ Michelle Jadico☐ Marlyse Burlingame☐





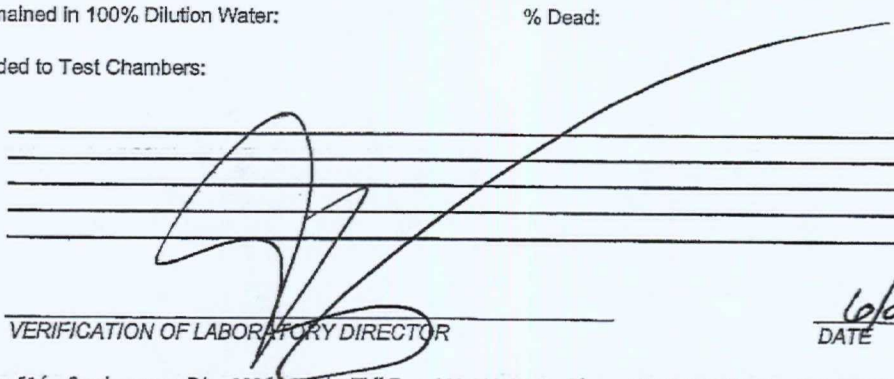
Date	test number	LC50 ppm	MEAN	UCL 2SD	LCL 2SD	STDV	STDVX2
2/7/2013	73	659.75	567.11	786.00	348.22		
3/5/2013	74	462.71	569.84	781.63	358.05		
4/9/2013	75	659.75	577.44	790.75	364.14		
5/7/2013	76	707.11	586.52	805.89	367.15		
6/4/2013	77	489.11	575.62	791.40	359.84		
7/9/2013	78	594.60	569.99	777.03	362.96		
8/6/2013	79	341.51	562.92	791.06	334.78		
8/28/2013	80	435.28	550.53	778.12	322.95		
8/28/2013	81	395.26	546.97	782.20	311.74		
9/4/2013	82	707.11	549.34	790.24	308.44		
9/4/2013	83	707.11	562.96	807.34	318.58		
10/2/2013	84	535.89	560.03	804.22	315.83		
11/5/2013	85	316.25	553.31	816.80	289.81		
12/3/2013	86	637.28	553.31	816.80	289.81		
1/14/2014	87	504.60	553.52	816.84	290.20		
2/11/2014	88	574.35	546.88	800.42	293.35		
3/4/2014	89	707.11	563.32	813.44	313.21		
4/1/2014	90	535.89	561.40	811.75	311.05		
5/7/2014	91	574.35	561.40	811.75	311.05		
6/11/2014	92	707.11	562.61	815.64	309.57		
CV		22.5%					



# EPA TEST METHOD 2007.0-ACUTE TESTING WITH AMERICAMYSIS BAHIA

Study Number: 5097594 Client: KmBuc  
 Protocol: EPA/821-R-02-012 NJ Water Bath/Incubator: 26  
 Date Initiated: 6-10-14 Time Initiated: 1350  
 Date Terminated: 6-14-14 Time Terminated: 1400  
 Test Duration: 24-hour 48-hour 72-hour 96-hour Other:  
 Test Type: 6-hour static renewal 24-hour static renewal static-no renewal  
 flow-through/dilutor used: other:  
 Test Material: Effluent Receiving Water Non Contact/Contact Cooling Water  
 Pure Compound: SRT Solution / Lot #:  
 Other:  
 Dilution Water: Receiving Waters: Synthetic / Lot #: Salt/3W4051014  
 Test Concentrations: control 20 40 60 80 100 1 units  
 1 2 3 4 5 6 7 8  
 Salt Added to Effluent (Y) N Test Salinity: 25ppt Brand of Artificial Salts Used: 40-Fathoms Other:  
 Test Volume(ml's): 100 200 250 500 1000 other:  
 Number of Replicates: 2 4 5 other: Number of Organisms / Replicate: 5 10 other:  
 Test Temperature (°C): 20 22 25 other:  
 Test Species: Mysid Shrimp Mysidopsis bahia  
 Source: In house Commercial Supplier: MBL  
 Lot Number: MYMBL060014 Age at test initiation: 4days Age range: 24hrs  
 Original Number of Organisms Acclimated: used @ receipt  
 Acclimation Initiated:  
 Date: Time: T<sub>i</sub> °C: pH<sub>i</sub> D.O.<sub>i</sub> Sal.<sub>i</sub>  
 Acclimation Terminated:  
 Date: Time: T<sub>f</sub> °C: pH<sub>f</sub> D.O.<sub>f</sub> Sal.<sub>f</sub>  
 Time Organisms remained in 100% Dilution Water: % Dead:  
 Time Organisms Added to Test Chambers:

Comments

  
 VERIFICATION OF LABORATORY DIRECTOR

6/23/14  
 DATE





# MORTALITY/BEHAVIORAL OBSERVATIONS INVERTEBRATE TESTS

Study Number: 5097594

REP	CONC (%)	OBSERVATION TIME FROM T=0									
		0 hours		<u>24</u> hours		<u>48</u> hours		<u>72</u> hours		<u>96</u> hours	
		alive	obs	alive	obs	alive	obs	alive	obs	alive	obs
1A	Control	5	N	5	N	5	N	5	N	5	N
1B											
1C											
1D											
2A											
2B	<u>20</u>										
2C											
2D											
3A											
3B	<u>40</u>										
3C											
3D											
4A											
4B	<u>60</u>										
4C											
4D											
5A											
5B	<u>80</u>										
5C											
5D											
6A											
6B	<u>100</u>										
6C											
6D		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
7A											
7B											
7C											
7D											
8A											
8B											
8C											
8D											
Signature		AS		AS		AS		AS		CBC	
Date		6-10-14		6-11-14		6-12-14		6-13-14		6-14-14	
Renewal Time		1350		1340		1345		1400		1400	
Sample Used											

## Observations:

D Dead: no appendage movement  
F Fed

C Cannibalized  
I Immobile

## REMARKS

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Reviewed by:

Page 2 of 3





# Physical/Chemical Parameters Sheet

Study Number: 5097594

T=0/24 Hrs

	temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial 21.0	6.5	8.00	23.6	
	final 21.0	7.4	8.04	24.3	
20	initial 21.0	6.9	8.23	24.0	
	final 21.0	7.2	8.23	24.4	
40	initial 21.0	6.9	8.36	24.1	
	final 21.0	7.3	8.35	24.7	
60	initial 21.0	6.9	8.43	24.2	
	final 21.0	7.1	8.43	24.6	
80	initial 21.0	6.8	8.47	24.1	
	final 21.0	7.1	8.48	24.7	
100	initial 21.0	6.8	8.50	24.2	
	final 21.0	7.0	8.53	24.6	
Initials	AS	AS	comments		
Date	6-10-14	6-11-14			
Time	1350	1345			
Therm. ID	CP150	CP149			

T=24/48 Hrs

	temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial 21.0	6.8	8.07	23.8	
	final 21.0	7.5	7.89	24.4	
20	initial 21.0	6.7	8.32	24.5	
	final 21.0	7.5	8.20	24.8	
40	initial 21.0	6.7	8.44	24.8	
	final 21.0	7.6	8.30	25.3	
60	initial 21.0	6.7	8.49	25.2	
	final 21.0	7.5	8.39	25.7	
80	initial 21.0	6.6	8.55	25.7	
	final 21.0	7.5	8.46	25.9	
100	initial 21.0	6.6	8.58	26.1	
	final 21.0	7.4	8.51	26.6	
Initials	AS	AS	comments		
Date	6-11-14	6-12-14			
Time	1340	1345			
Therm. ID	CP149	CP150			

T=48/72 Hrs

	temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial 21.0	7.9	8.06	24.1	
	final 21.0	7.6	7.98	24.5	
20	initial 21.0	8.1	8.28	24.5	
	final 21.0	7.7	8.18	24.8	
40	initial 21.0	8.0	8.38	24.6	
	final 21.0	7.6	8.28	25.2	
60	initial 21.0	8.1	8.45	25.0	
	final 21.0	7.6	8.39	25.3	
80	initial 21.0	8.0	8.49	25.1	
	final 21.0	7.5	8.45	25.8	
100	initial 21.0	8.0	8.52	25.3	
	final 21.0	7.6	8.50	25.8	
Initials	AS	AS	comments		
Date	6-12-14	6-13-14			
Time	1345	1400			
Therm. ID	CP150	CP150			

T=72/96 Hrs

	temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial 21.0	7.9	8.11	24.4	
	final 21.0	7.9	7.94	24.5	
20	initial 21.0	8.1	8.35	24.8	
	final 21.0	8.0	8.20	24.5	
40	initial 21.0	8.2	8.47	25.1	
	final 21.0	8.0	8.36	25.2	
60	initial 21.0	8.2	8.54	25.6	
	final 21.0	8.0	8.45	25.5	
80	initial 21.0	8.2	8.59	25.8	
	final 21.0	8.0	8.49	25.8	
100	initial 21.0	8.1	8.61	26.1	
	final 21.0	7.9	8.56	26.5	
Initials	AS	CBE	comments		
Date	6-13-14	6-14-14			
Time	1400	1400			
Therm. ID	CP150	CP150			

Reviewed by: \_\_\_\_\_





Study: 5097594

# RANDOMIZATION BOARD TEMPLATES 6x4

Randomization Template 6x4-A

6A	3A	4C	3B
4A	3D	2C	4D
1C	6D	2A	6B
4A	6C	5D	3C
5A	2B	2D	1B
5C	1A	1D	4B

Randomization Template 6x4-B

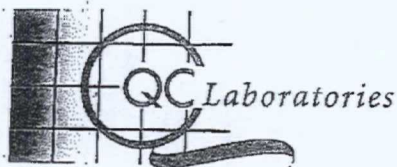
5A	1D	2A	3C
6B	1C	4A	5D
6C	2B	3D	6D
4B	6A	3B	5B
4D	3A	2D	1B
2C	1A	5C	4C

Randomization Template 6x4-C

1B	2B	4A	6C
6B	1A	4C	5A
3B	3D	6A	4B
1C	2D	4D	2A
5B	2C	3A	1D
6D	5C	3C	5D

Randomization Template 6x4-D

4A	2B	6C	1B
6A	2C	5B	3D
3B	1A	2A	5A
5D	1D	3A	D
2D	4B	1C	3C
4C	5C	6B	6D



## ORGANISM LOG-IN SHEET

Date / Time of Receipt: 6-10-14 / 1000

Person Accepting: Tara Gallagher

Organism Source: MBL

Species: Mysidopsis bahia

Date Born / Age / Lot Number: 6-6-14 / 4 days / MYMBLOG0614, 6-4-14 / 6 days / MYMBLOG0414

Percent Mortality at Receipt: &lt;1%, &lt;1%

Organism Stress at Receipt: ☒ normal stressed due to: temp low do other

Initial Measurements at Organism Receipt:

Temp (°C): 22.4, 22.5

Salinity (ppt): 19.3, 19.3

DO (mg/L): 19.7, 18.8

pH: 7.50, 7.53

Alkalinity (mg/L):

Hardness (mg/L):

Designated Culture Tank:

Designated Study(s):

Are Parameters within 10% of Intended Culture System:

Date / Time Organisms added to Culture System:

Check for Parasites: + / ☒ -Check for Fungal or Bacterial Disease: + / ☒ -Were any Prophylactic Treatments used: ☒ N Y (explain):

Comments:

note: attach copy of supplier data sheet to this log

1205 Industrial Blvd., P.O. Box 514, Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231





**MARINCO  
BIOASSAY  
LABORATORY**  
The Aquatic Toxicology Specialists

NELAP Certification # E84191

### Shipment Record

State of Florida Aquaculture Certificate Number AQ0668007

Shipping Date: 6/9/2014

Ship to: G C Labs

P.O. No: \_\_\_\_\_

Species	Quantity	Age	Brood/Lot Number	Temp. (°C)	pH (S.U.)	Salinity (‰)
<i>Americamysis bahia</i>	800	3 days	MS140606	25	7.9	20
	240	5 days	MS140604	25	7.9	20
<i>Menidia beryllina</i>						
						Hardness mg/L
<i>Cyprinella leedsii</i>						
<i>Pimephales promelas</i>	1200	<24 hrs	FM140608-1700	25	7.8	80
<i>Ceriodaphnia dubia</i>						
<i>Daphnia magna</i>						
YCT						
<i>P. subcapitata</i>						

Packed by: PM / AB

Shipped Via: Fed Ex

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your order.



# AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 5097594 Facility Name or Code: Kn Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ Other

Sample Number: ☒ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006

If sample is comprised of splits, will the splits be homogenized prior to use: \_\_\_\_\_ Splits to be homogenized: \_\_\_\_\_  
(note: If split, assign A, B, C...to sample number—add Z if samples are homogenized.)

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water  
☒ Dilution Waters ☐ Groundwater/pump and treat ☐ Other: \_\_\_\_\_

Location of Sampling: ☐ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet  
☐ Receiving Waters \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Sample type: ☐ Grab ☐ 24 Hour Composite ☐ \_\_\_\_\_ Hour Composite  
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/iced in field

Sample Collection: 

Date/Time Initiated: _____	Date/Time Terminated: _____
----------------------------	-----------------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: \_\_\_\_\_ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: \_\_\_\_\_  
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By: <u>EE cbc</u>	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☐ Contained ☐ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.): SWL6051614

## Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
20.5	8.12	7.5	3890	Lo1					
Notes: <u>Salinity - 24.5 ppt</u>									

\*Conductivity measured in umhos; salinity measured in o/oo

Sample Manipulations: ☒ Sealed ☐ pH Adjusted mL's 0.1 N HCL \_\_\_\_\_ mL's 0.1 N NaOH \_\_\_\_\_ ☐ Final pH \_\_\_\_\_  
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: \_\_\_\_\_ mg/L  
☐ Dechlorinated \_\_\_\_\_ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:





1205 Industrial Blvd. Phone: 215-355-3900  
Southampton, PA 18966-0514 Fax: 215-355-7231

# CHAIN OF CUSTODY

Page 1 of 1

Bill to/Report to: (if different)

Lab LIMS No: 5097594

## MATRIX CODES

### LAB USE ONLY:

# \_\_\_\_\_ Ascorbic/HCl Vials # \_\_\_\_\_ HCl Vials

# \_\_\_\_\_ Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>

# \_\_\_\_\_ Na OH/Zn acetate pH

# \_\_\_\_\_ HNO<sub>3</sub> pH

# \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> pH

# \_\_\_\_\_ NaOH pH

# \_\_\_\_\_ Unpreserved

# \_\_\_\_\_ Hcl pH

# \_\_\_\_\_ Temp control \_\_\_\_\_ ID# \_\_\_\_\_

DW: DRINKING WATER

GW: GROUND WATER

WW: WASTEWATER

SO: SOIL

SL: SLUDGE

OIL: OIL

SOL: NON SOIL SOLID

MI: MISCELLANEOUS

X: OTHER

Field pH, Temp (C or F),  
DO, Cl<sub>2</sub>, S. Cond. etc.

Client/Acct. No. AS0032 / KIN-BUC

Address LANDFILL

Sampling Site Address: (if different)

City/State/Zip EDISON, NJ

Phone/Fax

P.O. No.

Client Contact GLENN G.

QC Contact

## PROJECT

## Collection

## GRAB

## COMP

## Matrix

## Code

## Number of Containers

## FIELD ID

## Date

## Military Time

## GRAB

## COMP

## Matrix

## Code

## Total

## H<sub>2</sub>O<sub>2</sub>

## HCl

## Y

## HNO<sub>3</sub>

## H<sub>2</sub>SO<sub>4</sub>

## Zn

## NaOH

## Unpreserved

## Hcl pH

## Temp

## ID#

## ANALYSIS REQUESTED

EFFLUENT DISCHARGE

6-8-14

0800

X

UW

1

BIOASSAY

T = 23.5°C

SAMPLED BY: (Name/Company)

Verbal/fax data due: \_\_\_\_\_

Report Format: ☐ Standard ☐ Forms

Field Parameters Analyzed By: AS

Hardcopy due: \_\_\_\_\_

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Sig: \_\_\_\_\_

Date/Time: 6-8-14

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

AS/OC

1045

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER

DATE

TIME

RECEIVED BY

DATE

TIME

DELIVERY METHOD: ☐ QC COURIER ☐ CLIENT  
☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

1 AS/OC

6-9-14

1700

1 order - 34

6-9-14

1700

6-9-14

RELINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

COMMENTS:

2 AS/OC

6-10-14

700

2

6-10-14

700

RELINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

3

3

RELINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

4

4

RELINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

5

5

Hazardous: yes / no

3°C at 14:00

For example to aid completion, see reverse side.





### AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 5097594

Facility Name or Code: Km Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ Other

Sample Number: ☐ D001 ☐ D002 ☐ D003 ☒ E001 ☐ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006

If sample is comprised of splits, will the splits be homogenized prior to use:  
(note: if split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water  
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet  
☐ Receiving Waters ☐ Other:

Sample type: ☐ Grab ☒ 24 Hour Composite ☐ Hour Composite  
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/iced in Field

Sample Collection: 

Date/Time Initiated:	Date/Time Terminated:
----------------------	-----------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: \_\_\_\_\_ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: \_\_\_\_\_  
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
			<u>Tara Selig</u>	<u>6-10-14</u>	<u>7:00</u>
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☒ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

#### Sample Data and Use

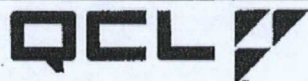
Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
<u>5.0</u>	<u>8.37</u>	<u>9.0</u>	<u>10,430</u>	<u>60.1</u>	<u>6-10-14</u>	<u>1350</u>		<u>6-11-14</u>	<u>8:00</u>
Notes:									

\*Conductivity measured in umhos; salinity measured in ‰

Sample Manipulations: ☒ Salted ☐ pH Adjusted ☐ Aerated/Due to: ☐ Dechlorinated  
mL's 0.1 N HCL \_\_\_\_\_ mL's 0.1 N NaOH \_\_\_\_\_ Final pH \_\_\_\_\_  
☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: \_\_\_\_\_ mg/L  
\_\_\_\_\_ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:





1205 Industrial Blvd.  
Southampton, PA 18966-0514

Phone: 215-355-3900  
Fax: 215-355-7231

# CHAIN OF CUSTODY

Page 1 of 1

Bill to/Report to: (if different)

Lab LIMS No:

5097594

## MATRIX CODES

DW: DRINKING WATER  
GW: GROUND WATER  
WW: WASTEWATER  
SO: SOIL  
SL: SLUDGE  
OIL: OIL  
SOL: NON SOIL SOLID  
MI: MISCELLANEOUS  
X: OTHER

## LAB USE ONLY:

# \_\_\_\_\_ Ascorbic/HCl Vials # \_\_\_\_\_ HCl Vials  
# \_\_\_\_\_ Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> \_\_\_\_\_  
# \_\_\_\_\_ Na OH/Zn acetate pH \_\_\_\_\_  
# \_\_\_\_\_ HNO<sub>3</sub> pH \_\_\_\_\_  
# \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> pH \_\_\_\_\_  
# \_\_\_\_\_ NaOH pH \_\_\_\_\_  
# \_\_\_\_\_ Unpreserved  
# \_\_\_\_\_ Hcl pH  
# \_\_\_\_\_ Temp control \_\_\_\_\_ ID# \_\_\_\_\_

Client/Acct. No. AS0032 KW BVC

Address

LANDFILL

Sampling Site Address: (if different)

City/State/Zip EDISON, NJ

Phone/Fax

P.O. No.

Client Contact GLENN G.

QC Contact

PROJECT

Collection

G  
R  
A  
B

C  
O  
M  
P

Matrix  
Code

Number of Containers

FIELD ID

Date

Military Time

EFFLUENT DISCHARGE

6-9-14 1045

6-10-14 1045

X WW

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

## ANALYSIS REQUESTED

BIOASSAY

Field pH, Temp (C or F),  
DO, Cl<sub>2</sub>, S. Cond. etc.

T = 23.6 °C

SAMPLED BY: (Name/Company)

AS/QC

Verbal/fax data due: \_\_\_\_\_

Hardcopy due: \_\_\_\_\_

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

Field Parameters Analyzed By:

AS

Sig:

AS/QC

Date/Time:

6-10-14  
1045

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	DELIVERY METHOD: <input checked="" type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT	Custody Seal Number
1 <u>AS/QC</u>	<u>6-10-14</u>	<u>1700</u>	1 <u>Coleman 40</u>	<u>6-10-14</u>	<u>1700</u>	<input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	<u>6-10-14</u>
2 <u>W</u>	<u>6-11-14</u>	<u>700</u>	2 <u>W</u>	<u>6-11-14</u>	<u>700</u>	COMMENTS:	
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
3			3				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
4			4				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
5			5				

Hazardous: yes / no

2°C AT AS/UCO

For example to aid completion, see reverse side.

FINAL REPORT



### AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 5097594 Facility Name or Code: Krn Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ Other

Sample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☒ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006

If sample is comprised of splits, will the splits be homogenized prior to use:  
(note: If split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water  
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet  
☐ Receiving Waters ☐ Other:

Sample type: ☐ Grab ☒ 24 Hour Composite ☐ Hour Composite  
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection: Date/Time Initiated: \_\_\_\_\_ Date/Time Terminated: \_\_\_\_\_

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: \_\_\_\_\_ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: \_\_\_\_\_  
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By: <u>[Signature]</u>	Date	Time
Relinquished by:	Date	Time	Received By:	6-11-14	700
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☒ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

#### Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
6.0	8.30	10.8	10,270	60'	6-11-14	1340		6-12-14	800
Notes:									

\*Conductivity measured in umhos; salinity measured in ppt

Sample Manipulations: ☒ Sealed ☐ pH Adjusted mL's 0.1 N HCL \_\_\_\_\_ mL's 0.1 N NaOH \_\_\_\_\_ ☐ Final pH \_\_\_\_\_  
☐ Aeration/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat / final D.O. after aeration: \_\_\_\_\_ mg/L  
☐ Dechlorinated \_\_\_\_\_ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:





1205 Industrial Blvd. Phone: 215-355-3900  
Southampton, PA 18966-0514 Fax: 215-355-7231

Client/Acct. No. A50032/KIN-BUC

Address LANOPIE

City/State/Zip EDISON, NJ

Phone/Fax

Client Contact GLENN G.

# CHAIN OF CUSTODY

Page 1 of 1

Bill to/Report to: (if different)

Sampling Site Address: (if different)

P.O. No.

QC Contact

Lab LIMS No:

5097594

## LAB USE ONLY:

#      Ascorbic/HCl Vials #      HCl Vials

#      Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>

#      Na OH/Zn acetate pH

#      HNO<sub>3</sub> pH

#      H<sub>2</sub>SO<sub>4</sub> pH

#      NaOH pH

#      Unpreserved

#      Hcl pH

#      Temp control ID#     

## MATRIX CODES

DW: DRINKING WATER

GW: GROUND WATER

WW: WASTEWATER

SO: SOIL

SL: SLUDGE

OIL: OIL

SOL: NON SOIL SOLID

MI: MISCELLANEOUS

X: OTHER

Field pH, Temp (C or F),  
DO, Cl<sub>2</sub>, S, Cond. etc.

## ANALYSIS REQUESTED

BIOASSAY

T = 23.0°C

## PROJECT

### FIELD ID

EFFLUENT DISCHARGE

## Collection

Date

Military Time

GRAB

COMPOUND

Matrix Code

## Number of Containers

Total

HL

HC

VI

HN

NO

HA

AG

UN

BA

CT

SAMPLED BY: (Name/Company)

AS/QC

Verbal/fax data due: / /

Hardcopy due: / /

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

Field Parameters Analyzed By: AS

Sig:

AS

Date/Time:

6-11-14  
1310

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME	DELIVERY METHOD: <input checked="" type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT	Custody Seal Number
1 <u>AS</u>	<u>6-11-14</u>	<u>1720</u>	1 <u>AS</u>	<u>6-11-14</u>	<u>1700</u>	<input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	<u>6-11-14</u>
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	COMMENTS:	
2 <u>WA</u>	<u>6-12-14</u>	<u>700</u>	2 <u>WA</u>	<u>6-12-14</u>	<u>700</u>		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
3			3				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
4			4				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	Hazardous: yes / no <u>3°C ATLAS 11/13/14</u>	
5			5				

For example to aid completion, see reverse side.





### AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 5097594

Facility Name or Code: KmBuc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ Other

Sample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☒ E003 ☐ E004 ☐ E005 ☐ E006 ☐ E008

If sample is comprised of splits, will the splits be homogenized prior to use:  
(note: If split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water  
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet  
☐ Receiving Waters ☐ Other:

Sample type: ☐ Grab ☒ 24 Hour Composite ☐ Hour Composite  
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection: 

Date/Time Initiated:	Date/Time Terminated:
----------------------	-----------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: \_\_\_\_\_ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: \_\_\_\_\_  
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
			<u>Chris Egelner</u>	<u>6-12-14</u>	<u>700</u>
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☒ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

#### Sample Data and Use

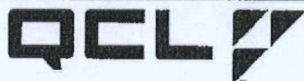
Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
<u>5.0</u>	<u>8.37</u>	<u>8.6</u>	<u>10,350</u>	<u>&lt;0.1</u>	<u>6-12-14</u>	<u>1345</u>		<u>6-13-14</u>	<u>800</u>
Notes:									

\*Conductivity measured in umhos; salinity measured in g/kg

Sample Manipulations: ☒ Salted  
☐ pH Adjusted mL's 0.1 N HCL \_\_\_\_\_ mL's 0.1 N NaOH \_\_\_\_\_ ☐ Final pH \_\_\_\_\_  
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: \_\_\_\_\_ mg/L  
☐ Dechlorinated \_\_\_\_\_ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:





1205 Industrial Blvd. Phone: 215-355-3900  
Southampton, PA 18966-0514 Fax: 215-355-7231

# CHAIN OF CUSTODY

Page 1 of 1

Bill to/Report to: (if different)

Lab LIMS No: 5097594

## MATRIX CODES

DW: DRINKING WATER  
GW: GROUND WATER  
WW: WASTEWATER  
SO: SOIL  
SL: SLUDGE  
OIL: OIL  
SOL: NON SOIL SOLID  
MI: MISCELLANEOUS  
X: OTHER

## LAB USE ONLY:

# \_\_\_ Ascorbic/HCl Vials # \_\_\_ HCl Vials  
# \_\_\_ Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> \_\_\_  
# \_\_\_ Na OH/Zn acetate pH \_\_\_  
# \_\_\_ HNO<sub>3</sub> pH \_\_\_  
# \_\_\_ H<sub>2</sub>SO<sub>4</sub> pH \_\_\_  
# \_\_\_ NaOH pH \_\_\_  
# \_\_\_ Unpreserved  
# \_\_\_ Hcl pH \_\_\_  
# \_\_\_ Temp control \_\_\_ ID# \_\_\_

Client/Acct. No. AS0032 KIN-BUC

Address LAND FILL

Sampling Site Address: (if different)

City/State/Zip EDISON, NJ

Phone/Fax

P.O. No.

Client Contact GLENN G.

QC Contact

## PROJECT

## Collection

## GRAB

## COMPO

## Matrix

## Code

## Number of Containers

## FIELD ID

## Date

## Military Time

## Total

## H<sub>2</sub>O

## HCl

## Y

## HNO<sub>3</sub>

## NaOH

## Zn

## UNPRESERVED

## BACI

## ANALYSIS REQUESTED

Field pH, Temp (C or F),  
DO, Cl<sub>2</sub>, S. Cond. etc.

EFFLUENT DISCHARGE

6-11-14  
6-12-14

1310  
1310

XW

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

BIOASSAY

T = 22.0°C

SAMPLED BY: (Name/Company)

AS/qc

Verbal/fax data due: \_\_\_/\_\_\_/\_\_\_

Hardcopy due: \_\_\_/\_\_\_/\_\_\_

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Field Parameters Analyzed By: AT

Sig: Geoffrey

Date/Time: 6-12-14  
1315

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME	DELIVERY METHOD: <input checked="" type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT	Custody Seal Number
1 <u>Geoffrey</u>	<u>6-12-14</u>	<u>1700</u>	1 <u>Cooper</u> <u>25</u>	<u>6-12-14</u>	<u>1700</u>	<input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	<u>6-12-14</u>
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	COMMENTS:	
2 <u>Wan</u>	<u>6-12-14</u>	<u>1700</u>	2 <u>Wan</u>	<u>6-13-14</u>	<u>1700</u>		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
3			3				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
4			4				
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	Hazardous: yes / no <u>20c Atlas linen</u>	
5			5				

For example to aid completion, see reverse side.





**AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY**

Study Number: 5097594 Facility Name or Code: KimBuc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ Other

Sample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☐ E003 ☒ E004 ☐ E005 ☐ E006

If sample is comprised of splits, will the splits be homogenized prior to use: \_\_\_\_\_ Splits to be homogenized: \_\_\_\_\_  
(note: if split, assign A, B, C...to sample number—add Z if samples are homogenized.)

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water  
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet  
☐ Receiving Waters \_\_\_\_\_ ☐ Other:

Sample type: ☐ Grab ☒ 24 Hour Composite ☐ \_\_\_\_\_ Hour Composite  
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection: 

Date/Time Initiated:	Date/Time Terminated:
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Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: \_\_\_\_\_ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: \_\_\_\_\_  
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By: <u>[Signature]</u>	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☒ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.): \_\_\_\_\_

**Sample Data and Use**

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
5.10	8.39	9.6	10,170	60.1	6-13-14	1400		6-14-14	800
Notes:									

\*Conductivity measured in umhos; salinity measured in p/‰

Sample Manipulations: ☒ Salted ☐ pH Adjusted mL's 0.1 N HCL \_\_\_\_\_ mL's 0.1 N NaOH \_\_\_\_\_ ☐ Final pH \_\_\_\_\_  
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: \_\_\_\_\_ mg/L  
☐ Dechlorinated \_\_\_\_\_ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments: